

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, a military participation, or use or non use of lawful products off the employers or service providers premises during working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

IMPORTANT: If your application for service was not taken or your were told you were not eligible for a particular program BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency appeal process or State administrative hearing review. Your right to this review or hearing does not need to be connected to a discrimination complaint.

You may file an informal discrimination complaint with your employer or service provider, or you may file a formal discrimination complaint with a state or federal agency. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say that they saw, heard or experienced.

All formal complaints must be filed within 180 days of the event or treatment you feel was discrimination. However, you should file the complaint as soon as possible after the action took place. IF you file an informal complaint and you are not satisfied with the resolution, you can still file a formal complaint as long as you do it within filing time frame. Do not wait until after the filing deadline to get an answer to the informal complaint if you plan to make a formal complaint.

To file an informal discrimination complaint with your provider or employer, request a discrimination complaint form by calling the Equal Opportunity Coordinator at () - or TDD () - . Send the complete form back to your provider's Equal Opportunity Coordinator. His or her name should be on this form.

If you wish to file a formal discrimination complaint, you may send the completed complaint form directly to the appropriate state or federal agency listed on the following pages. Include a letter stating that you are making a formal complaint to their agency as the funding source. Staff of the state or federal agency will provide the results to you within 90 days.

File Formal Discrimination complaints about these services with the agencies listed below.

PROGRAM	AGENCY
Wisconsin Works (W-2), Child Support, Emergency Assistance, Food Stamp Employment and Training, Learnfare, Day Care, Community Service Jobs, (W-2) Transitions, Job Access Loans, Refugee Services.	Wisconsin Dept. of Workforce Development Division of Workforce Solutions ATTN: Equal Opportunity Officer P.O. Box 7972 Madison, WI 53707-7972 V/TDD 608-266-6889
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DWD funding.	Equal Rights Office P.O. Box 8928 Madison, WI 53708

	Telephone: 608-266-6860 TDD-Hearing Impaired 608-264-8752
	Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: 414-227-4384, TDD-414-227-4081
Medical Assistance Service, Women Infants and Children, Food Stamps, BadgerCare, Senior Care, Child Placement Services, Medicaid, Community Aid, and other programs administered by the WI Dept. of Health and Family Services.	Wisconsin Dept. of Health and Family Services Division of Management and Technology Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 536707 Voice 608/266-9372, TDD 608/266-2555
You also have the right to file a formal complaint with a federal agency.	
Formal Discrimination Complaint about any of the above services administered by the WI Dept. of Health and Family Services.	U.S. Dept. of Health and Human Services Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Telephone: 312-886-2359, TDD: 315-353-5693
Formal Discrimination Complaint about any program.	U.S. Dept. of Justice Civil Rights Division 10 th and Pennsylvania Ave., NW Washington, D.C. 20530 Telephone: 202-514-0301, TDD 800-800-3302
Formal Discrimination Complaint for Food Stamps.	<p>Administrator, Food and Nutrition Service 3101 Park Center Drive Alexandria, VA 22302</p> <p>Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 Voice 312-353-1457</p> <p>U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800, Milwaukee, WI 53203 Telephone: (414) 297-1111, TDD (414) 297-1115</p> <p>The Office of Federal Contract Compliance U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Telephone: (312) 353-2158, TDD (312) 353-2158</p>

SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Equal Opportunity Coordinator	PHONE (VOICE)() -	Phone (TDD)() -
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Name of Complainant	Phone number
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Address (number, street, city, state, zip code)

Basis for Service or Employment Discrimination Complaint (such as: age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, military participation, or use or non use of lawful products off the employers or service providers premises during working hours).

Name of the Agency and/or Employee or Employer Against Whom the Complaint is Filed.

Describe the action or treatment that you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached if you need to add pages.

Description of the Relief or Satisfaction you Want

Signature of Complainant or Complainant Representative

Date Signed

The information below is to be completed by the person at the agency who receives your complaint, looks into it and responds to you.

Informal Complaint

Date Received	Received By	Title
Agency		

Actions and Individual(s) to be Investigated

Findings (Must be completed within 30 days)

ACTION TAKEN

Further Action Required? ☐ Yes ☐ No If yes, what action is recommended?